



# ICIS NPDES Facilities Inspection Report

				Fa	icility Data				
NPDES ID: TNO	0081914		Facility Site Na	ame Northwe	est Clay Water Treatn	nent Plant			
0			Addı	ress 2950 M	oss Arcot Rd., Celina ,	, TN			
Permit Eff. Date:	9-16-2016		Permit Exp [	Date: 8-19-20	20		SIC Code:		
			Cor	npliance N	Monitoring Infor	mation			
Compliance Mor	nitoring Acti	ivity Name	Compliance Sam	pling Inspecti	ion (CSI)				
		* If	Bio Monitoring i	s selected abo	ove, select the metho	d used:			
Compliance Mor	nitoring Acti	vity	Evaluation						
			Con	npliance M	lonitoring Dates	s/Times			
Entry Date/Time	(mm/dd/yy	yy hh:mm):	03/14/2017/8:30	0	Exit Date/Time (n	mm/dd/yyyy hh:m	m): 03/14/2	2017/10:00	
				Facility	Representatives	S			
Jamie Allen, (931	1)243.3546				Russell Collins,Syst	em Manager, (931	)258.3489		
On-Site Represe	ntative(s)Tit	tle, Phone Nu	ımber		Responsible Officia	al(s), Title, Phone N	lumber		
			St	atute and	Section Informa	ation			
Federal Statute:	CWA -	Clean Water	Act		State Statute:	Tennessee Water	Quality Contr	ol Act	
Programs:	NPDES-	-Non-constru	uction						
Complian	ce Monito	ring Reasor	n: Random Ins	pection					
Compliance Mo	onitoring A	gency Typ	e: State			Agency Nar	ne: TDEC -	DWR	
Did EPA assist/ In	spection?	No		Time Physically conducting activity: Days: Hours: 4,5			4.5		
Inspection Type:		State		Compliance Monitoring Action Outcome: No Violation					
Lead Agency:		State		Compliance Monitoring Rating Code: Satisfactory			EM M		
lf Joint Inspection	n, what was	the purpose	e of the other par	ty?				TAXABLE DESCRIPTION	
		Areas E	valuated Du	ring Inspec	tion (Check only	y those areas e	valuated)		
⊠ Permit			$\boxtimes$	Self - Compl	liance Program		Pretreatme	nt	
Records /	Records		$\boxtimes$	Compliance	Schedule		Pollution Pr	evention	
	e Review			Laboratory			Storm Wate	r	
	Receiving	Waters		Operations & Maintenance			Combined Sewer Overflow		N
Flow Mea	surement			Sludge Hand	dling / Disposal		Sanitary Sev	wer Overflow	
			Co	mpliance l	Monitoring Sum	nmary			
		No. of Lot, of				THE VIEW OR ID.	THE RESERVE OF THE PERSON NAMED IN	manufacturi negativata	SOLO MILO DI POLI
			BARRILLE E	PA and Sta	ate Representat	ives			
Dans	Phile	رک		DWR	Cookeville (9	131)520-668	8 3-2	1-2017	
Inspector's Signa		/		Agency / Office / Phone Date					
OLK.W	M			DWR - Cookers/le 931-520-6688 3/21/17					
Manager's Signa	ture			Agency / Off	The state of the s		Date	7	

## WTP NPDES Compliance Evaluation Inspection

Date: Northwest Clay	NPDES: TN 0081914
Facility: Water Treatment	
Address: 2950 Moss Acot Rd.	
City: Celing State: TN.	Zip:
Contact: Russell Collins	Title:
Phone 1:	Phone 2:

#### I. Permit Verification

Yes	No	Inspection Observation to Verify Information Contained in Permit	
1		1. Current Copy of Permit on-Site?	
~		2. Correct Name and Malling Address	
~		3. Type of Facility	
		4. Facility is as Described in Permit	
_		5. State has been notified of new, different increased discharges, if any	
1		6. Number and Location of Discharge Points as Described in Permit	
		7. Name and Location of Receiving Waters Correct	
		8. All Discharges Permitted	

## II. Recordkeeping and Reporting Evaluation

Yes	No	Records and Reports Maintained as Required By Permit	
1		1. All information available, complete, and current	
1		2. Information retained for 3 + years	
V		3. Sampling and Analysis Data are Adequate and Include:	

./	a. Dates, times, location of sampling	
~	b. Initials of Individual Performing Sampling	
	c. Approved Methods	
u	d. Results of Analyses and Calibration	
_	e. Dates and Time of Analysis	
~	f. Initials of Person Performing Analysis	
L	4. O & M Manual	
1	5. As-built & State Approved Plans and Specifications	

Yes	No DMR Completion Meets the Self-Monitoring Reporting Requirements		
1		Analytical Bench Sheets Consistent with the Dates on the DMR	
~		2. All data that is Collected is Summarized on the DMR	
		3. Number of Exceedences Column id Completed Correctly	

### III. Facility Site Review Checklist

Yes	No	Treatment Facility Properly Operated and Maintained	
	~	Standby Power or Other Equivalent is Provided	
	1	2. Alarm System for Power and/or Equipment id Provided	
	1	a. During Power Fallures, have you experienced any problems	
		b. Are there untreated bypass discharges during power failures	
		3. Sludge Disposal Procedures are Appropriate	
V		Disposal of Sludge According to Federal, State, and Local Regulations	
		b. Disposal Sites Approved by State	
		4. Sufficient Sludge is Disposes of to Maintain Treatment Integrity	
	ģ	if Not, Why	
<u>:</u>		5. Preventative Maintenance Schedules Established and Performed	.,
	<b>"</b>	6. O & M Adequate	
		7. Consulting Engineer on Retainer	

### IV. Flow Measurement Checklist

Yes	es No Flow Measurements Meeting Requirements and Intent of Permit		
~		1. Outfall Inspection by Operator	
		Frequency: Bi-daily	
1	_	2. Effluent Flow Calculated Using Effluent Flow	
		If Not, Explain	

## V. Laboratory Quality Assurance Checklist

Yes	No	Laboratory Requirements Meet the Requirements of the Permit	
	-	Are Parameters Other Than Those Listed on the Permit Analyzed For	
		If so, What:	
~		2. Laboratory Quality Assurance Manual Present	
-		3. EPA Approved Analytical Testing Procedures are Used	

4. Laboratory Instruments Calibrated and Maintained
5. Quality Control Procedures in Place
6. Duplicate Samples Analyzed
Frequency:
7. Spiked Samples Analyzed
Frequency:
8. Commercial Laboratory Used ESC
Name: Environmental Scienca
Address:
City/State:
Zipcode:
Phone:
Contact:
 9. Results of Last DMR/QA Test

### VI. Laboratory Checklist

	1. Chlorine Residual (EPA Approved Minimum Detection Level, 0.05 mg/l)	
	a. Amperometric Titration	
	b. Starch Endpoint	
V	c. Colormetric	
V	D. Meters Standardized Before Each Day's Use	
V	E. Samples Analyzed Within 15 Minutes of Sample Collection	
	f. Samples Analyzed for Total Chlorine, not Free	
~	g. Reagents in date	
V V V	2. Settleable Solids Taken to Celing Sewage Plant	
1	a. Samples Thoroughly Shaken	
er'	b. Cobwebs in Imhoff Cone	
2	c. Correct Procedure (Mix, Cone, 45 Min, Slowly Stir At/Near Top Perimeter of Cone for 15 Min., Read Mark)	
	3. Total Suspended Solids Sewer Plant	
~	a. Proper Equipment (Vacuum, Filter Holding Mechanism, Drying Oven, etc.)	
-	b. Proper Filters (Gelman A/E or Approved by Standard Methods)	
-	c. Balance checked with Standard Weights	
4	d. Temperature in Drying Oven 103-105°C	
	4. pH Source Plant	
V	a. Equipment Can Be Calibrated at Two Points	
_	b. Bracketing of pH Samples (7 and 4, or 7 and 10)	
4	c. Probe is Temperature Compensating	
V	d. Probe Stored In Manufacturers Recommended Solution	
-	e. Sample Analyzed Within 15 Min. of Collection	
v	g. Buffers and storage solutions in date	
	5. Iron Storage	
	a. P, FP, or G	
	b. HNO <sub>s</sub> to pH <2	
	6. Aluminum Storage	

a. P, FP, or G	
b. HNO <sub>9</sub> to pH <2	

<sup>\*</sup>P is for polyurethane, FP is for fluoropolymer, G is for glass

### VII.

Yes	No	Permittee Meets the Requirements of the Permit	
V		1. Sampling Locations are as per Premit	
V		2. Sampling and Analytical Constituents and Parameters are as per Permit	
V		3. Sampling and Analytical Frequency is as per Permit	
/		4. Sampling Method is as per Permit	
V		5. Sample Collection Procedures Adequate :	
V		b. Proper Preservation Technique Used	
V		c. Containers and sample holding times are correct (40CFR 136.3)	
(B)	1	6. Are samples collected and analyzed more often than required in Permit	